PATIENT APPLICATION FEE DETERMINATION RECORD Ellective January 1, 2008

Application or Docket Number

CLAIMS AS FILED - PART ((Column 1) (Column 2)			SMALL ED TYPE	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS	20		RATE	FEE		RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC PEE	375.00	OR	BASIC PEE	750.00
TOTAL CHARGEABLE CLAIMS	70 minus 20=	• 6	X\$.9=		OR	X\$18=	
NOEPENDENT CLAME	3 minus 3 a	* 1	X42=		OR	X84=	
MEATIPLE DEPENDENT CLAM P	RESENT		+140=		OR	+280=	
If the difference in column 1 is	less than zero, ente	r "0" in column 2	TOTAL	305	OR	TOTAL	
6/10/4 (Column 1)	MENDED - PAR	mn 2) (Column 3	SMALL	NTITY	OR	OTHER SMALL	
CLAIMS REMAINING AFTER AMENDMENT	PREVI	BER PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Dia Tolat	Minus + 2	0 =	X\$ 9=		OR	X\$18=	.1
AMENDMENT AMENDMENT TOTAL T	Minus ***	3 =	X43=		OR	X8 6 ≠	
THIST WAZSENTATION OF ME	JUIPOE DEPENDEN	I CLAIM	+148=		OR	+280=	
			TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1)	والبريطون والموطون فوصون	mn 2) (Column 3	1				
E CLAIMS REMAINING AFTER AMENOMENT	NUM PREVI	HEST HEER PRESENT OUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
g Total	Minus **	=	X\$ 9=		OR	X\$18=	
Independent *	Minus ***	-01444	X42=		ÓR	X84=	
PIRST PRESENTATION OF MI	JUNIPLE DEPENDEN	I CLAIM	+140=		OR	+280=	
reisi (j. 176) Armi Alesko — Geldeles (j. 176)	(Colu		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) OLATMS REMAINING AFTER AMENDMENT Budependent *	HIGH NUM PREVI	mn 2) (Column 3 HEST HEST HESEN HESENT OUSLY FOR HESENT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
G Rola! ★	Minus ***	=	X\$ 9=		OR	X\$18=	
traependent *	Minus eur	=	X42=		OR	X84≐	!
FIRST PRESENTATION OF M	ULTIPLE DEPENDEN	TCLAIM]			+280=	
" If the entry in column 1 is less than it			+140=		OR	+280=	
** If the Tighest Number Previously Provided the Tighest Number Previously Parties of the Tighest Number Previously Previously Parties of the Tighest Number Previously Previously Parties of the Tighest Number Previously Parties	aid for IN THIS SPACE	Is less than 3, enter "3."	O. ADDIT. FEE	condate ho		ADDIT. FEE	

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